

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. *98822* Office of Registrar of Vital Statistics. Ward *19*^{*11*}

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 22 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Matilda Berry*

Sex, *Male* or *Female*, { Cross out the word not required in this line. }

Age, _____ Years, *4* Months, *three* Days.

Color, *C*

Married, *Single*, Widow or Widower, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country, and how long in the United States, if of foreign birth. } *910 Wharfoat street*

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and Number. } *910 Wharfoat street*

Cause of Death, { First (Primary), *Pneumonia* }
Second (Immediate), *convulsions*

Duration of Last Sickness, *Nine days*

the above information should be furnished by the Physician.

Place of Burial, *Lanel Cemetery*

Date of Burial, *March 25 1887*

Undertaker *William A. Snee*

Place of Business, *150 East St*

Address, *905. Storer St*

Wm. Barnes M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and mode of death, except in cases of births and deaths of illegitimate children.

[OVER]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98823 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann C. Appich

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 68 Years, Months, Days.

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Twenty nearly whole life

Place of Death, { Give Street and Number. } 904 N. Calvert St

Cause of Death, { First (Primary), Second (Immediate), } Spinal sclerosis
Arteriosclerosis
Several days

Duration of Last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 27th 1887

Undertaker, Stewart Mowbray J. C. Atkinson M. D.

Medical Attendant.

Place of Business, 2154 17 Park Ave Address, 605 Cathedral St
Secondary Int Royal Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

No. 7884

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9884 Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mathew Kunisch Kunisch

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 52 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bohemia

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give Street and Number. } 2344 Fort Alley

Cause of Death, { First (Primary), Phthisis Pulmonalis }
{ Second (Immediate), Exhaustion }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, March 25th 1887

{ Undertaker, E. France } John Ayda M. D.

Medical Attendant.

{ Place of Business, Bank & Wolf } Address, 1937 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

Health Department, City of Baltimore.

Permit No. 98825 Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24 '87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Seidler (Seidler)

Sex, Male ~~or~~ Female, { Cross out the word not required in this line. } Joseph

Age, 65 Years, _____ Months, 17 Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give Street and Number. } 76 S. Wolfe St.

Cause of Death, { First (Primary), Second (Immediate), } Cirrhosis of liver
Marasmus

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, March 27 '87

Undertaker, G. Francis

Place of Business, 701 S. Wolfe St. Address, 1523 S. ...

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

HEALTH DEPARTMENT, BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 98826 Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24 1887

Full Name of Deceased, Joseph L. Denvir

Sex, Male or Female, Male

Age, Years, 4 Months, Days, 1

Color, White

Married, Single, Widow or Widower, Single

Occupation,

Birth Place, Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 1243 Clare St.

Cause of Death, First (Primary), Spinal Meningitis

Duration of Last Sickness, about 2 weeks

Place of Burial, Holy Cross Cem.

Date of Burial, March 26 1887

Undertaker, E. J. Williams M. D.

Place of Business, 370 N. 8th St. Address, 2826 Elliott St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

Health Department, City of Baltimore.

Permit No.

98827

Office of Registrar of Vital Statistics.

Ward

1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 24 '87

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary A. Dunigan

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

33

Years,

11 Months,

Days.

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Married

Occupation,

Housekeeper

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

New York N.Y.

Duration of Residence in the City of Baltimore,

about 28 years

Place of Death,

{ Give Street and Number. }

816 Chesapeake St.

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Phthisis Pulmonis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Wolfe Cross Cem.

Date of Burial,

March 26 '87

Undertaker,

E. France

E. J. Williams

M. D.

Medical Attendant.

Place of Business,

Jan 15 & Wolfe

Address,

2826 E. 11th St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 98828 Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 24th 87

Full Name of Deceased, Duncan M^cEachern
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or ~~Female~~, McEachern
{ Cross out the word not required in this line. }

Age, 32 Years, _____ Months, _____ Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, J
{ Cross out the words not required in this line. }

Occupation, Ship carpenter

Birth Place, Nova Scotia - 14 months
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 14 months

Place of Death, University Hospital
{ Give Street and Number. }

Cause of Death, Phthisis pulmonum
{ First (Primary), Second (Immediate), Exhaustion }

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, March 27th 87

{ Undertaker, E. Frank } C. H. Mitchell M. D.
Medical Attendant.

{ Place of Business, Bank & Wolf } Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No.

98829

Office of Registrar of Vital Statistics.

Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Adam Henry Thomson
Sex, Male or Female, { Cross out the word not required in this line. }
Age, Years, 9 Months, Days.
Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ☒ Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Vincent Alley # 1426

Cause of Death, { First (Primary),

Accidentally smothered in bed

Second (Immediate),

while mother was absent from home engaged in work

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Mar 25th 1887

Undertaker, J. E. Houghton

Place of Business, Pinner

Address,

L. G. Sprague

M. D.

Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98830 Office of Registrar of Vital Statistics.

Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 24th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richard Eugene Gibson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 9 Years, Months, Days.

Color, colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, 8 yrs.

Place of Death, { Give Street and Number. } 807 Stirling St.

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis
Hemorrhage from Lungs

Duration of Last Sickness, 1 1/2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 26/1887

{ Undertaker, } W. Madden E. B. Henry M. D.
Medical Attendant.

{ Place of Business, } 46 E. 1st St. Address, 1201 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 9883 / Office of Registrar of Vital Statistics. Ward 18²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Auguste Striba (Striba)

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 24 Years, 10 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Minden - Hanover - Germany 15 years

Duration of Residence in the City of Baltimore, 15 years

Place of Death, { Give Street and Number. } Frederik Avenue 2232

Cause of Death, { First (Primary), Second (Immediate), } Consumption Exhaustion

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 26 1887

{ Undertaker, John P. Paulus } Address, 720 N Howard Street

{ Place of Business, 2009 Ind. Av. } Address, 720 N Howard Street

Medical Attendant, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]